

TOWN OF WALPOLE EMPLOYMENT APPLICATION



Date: _____

Name _____ Social Security # _____

Present Address
Street _____ City _____ State _____ Zip Code _____

Permanent Address
Street _____ City _____ State _____ Zip Code _____

Telephone # _____ Mobile/Beeper/Other Phone # _____

Are you prevented from lawfully becoming employed
in this country because of VISA or immigration status? ☐ Yes ☐ No Are you 18 years or older? ☐ Yes ☐ No

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired \$
If so, may we inquire		
Are you employed now?	of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Ever applied to this company before?	Where?	When?
Referred by		

EDUCATIONAL BACKGROUND:

	Name and Location	No. of Years Completed	Did you Graduate	Course of Study
High School				
College			Major/Degree	
Trade, Business or Correspondence School				

ADDITIONAL INFORMATION: *List below any specialized training or job related skills acquired through military, civic, business or other activity, paid or unpaid.*

U.S. Military or _____ Present Membership in _____
Naval Service _____ Rank _____ National Guard or Reserves _____

LICENSES & CERTIFICATES:			
Type	Licensing Authority	Number	Expiration

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers starting with your current or last employer

Date Month and Year	Name and Address of Employer	Position	Supervisor Name and telephone #	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

PERSONAL/PROFESSIONAL REFERENCES: <i>Do not include family members.</i>			
Name	Address	Telephone #	Years Acquainted
1			
2			
3			

APPLICANT STATEMENT

I certify that the above information is correct and complete to the best of my knowledge. I agree that any misrepresentation or omission of pertinent facts may be considered cause for termination or the withdrawal of any offer of employment. Further I agree to take a pre-employment physical by the Town physician if required for my position and realize that any offer of employment may be contingent upon the results of such an examination.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____